FACILITY NAME AND PERMIT NUMBER:
SOUTH OF DAN ELEMENTARY SCHOOL
VA0022691

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .0084 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	0	0	0
c. Maximum daily flow rate	0	0	0

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer N/A %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other N/A N/A

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: N/A

Annual average daily volume discharge to surface impoundment(s) N/A mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: N/A

Number of acres: N/A

Annual average daily volume applied to site: N/A mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter Name N/A

Mailing Address N/A

Contact Person N/A

Title N/A

Telephone Number ( ) N/A

For each treatment works that receives this discharge, provide the following:

Name N/A

Mailing Address N/A

Contact Person N/A

Title N/A

Telephone Number ( ) N/A

If known, provide the NPDES permit number of the treatment works that receives this discharge N/A

Provide the average daily flow rate from the treatment works into the receiving facility. N/A mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed by this method: N/A

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:
SOUTH OF DAN ELEMENTARY SCHOOL
VA 0022691

Form Approved 1/14/99
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WASTEWATER DISCHARGES

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B - Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd.

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
- (City or town, if applicable): N/A
- (Zip Code): 24592
- (County): HALIFAX
- (State): VIRGINIA
- (Latitude): N 36° 37' 33"
- (Longitude): W 78° 54' 42"

c. Distance from shore (if applicable): N/A ft.

d. Depth below surface (if applicable): N/A ft.

e. Average daily flow rate: 0 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☑ Yes ☐ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: 12

Average duration of each discharge: 5 DAYS

Average flow per discharge: 0.0072 mgd

Months in which discharge occurs: APRIL, MAY AND JUNE

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water: UNNAMED TRIBUTARY INTO HALFWAY CREEK, THEN INTO HICO RIVER AND THEN INTO DAN RIVER OF ROANOKE RIVER BASIN.

b. Name of watershed (if known): N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

c. Name of State Management/River Basin (if known): N/A

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A

d. Critical low flow of receiving stream (if applicable)
acute N/A cfs chronic N/A cfs

e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
SOUTH OF DAN ELEMENTARY SCHOOL
VA0022691

Form Approved 1/14/99
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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☐ Primary ☐ Secondary

☐ Advanced ☒ Other. Describe: LAGOON

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	N/A	%
Design SS removal	N/A	%
Design P removal	N/A	%
Design N removal	N/A	%
Other	N/A	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:
TABLET CHLORINATION

If disinfection is by chlorination is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	N/A	s.u.			
pH (Maximum)	N/A	s.u.			
Flow Rate	N/A	N/A	N/A	N/A	N/A
Temperature (Winter)	N/A	N/A	N/A	N/A	N/A
Temperature (Summer)	N/A	N/A	N/A	N/A	N/A

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	CBOD5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		N/A	N/A	N/A	N/A	N/A	N/A	N/A

FACILITY NAME: SOUTH OF DAN ELEMENTARY SCHOOL VPDES PERMIT NUMBER: VA0022691

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? __Yes X No

   Will this facility derive a material from sewage sludge? __Yes X No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: SOUTH OF DAN E NENTARY SCHOOL VPDES PERMIT NUMBER: VA0022691

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: SOUTH OF DAN ELEMENTARY SCHOOL
   b. Contact person: LARRY D. ROLLER
      Title: DIRECTOR OF OPERATIONS AND MAINTENANCE
      Phone: (434) 572-4346
   c. Mailing address:
      Street or P.O. Box: P.O. BOX 1849
      City or Town: HALIFAX State: VA Zip: 24558
   d. Facility location:
      Street or Route #: 1011 SOUTH OF DAN ROAD
      County: HALIFAX
      City or Town: SOUTH BOSTON State: VA Zip: 24592
   e. Is this facility a Class I sludge management facility? ___Yes X No
   f. Facility design flow rate: 0.0084 mgd
   g. Total population served: 425
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: HALIFAX COUNTY PUBLIC SCHOOLS
   b. Mailing address:
      Street or P.O. Box: P.O. BOX 1849
      City or Town: HALIFAX State: VA Zip: 24558
   c. Contact person: LARRY D. ROLLER
      Title: DIRECTOR OF OPERATIONS AND MAINTENANCE
      Phone: (434) 572-4346
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner X operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      ____ facility X applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0022691
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
N/A	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes X No If yes, describe:

FACILITY NAME: SOUTH OF DAN E. MENTARY SCHOOL VPDES PERMIT NUMBER: VA0022691

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes X No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address: N/A
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

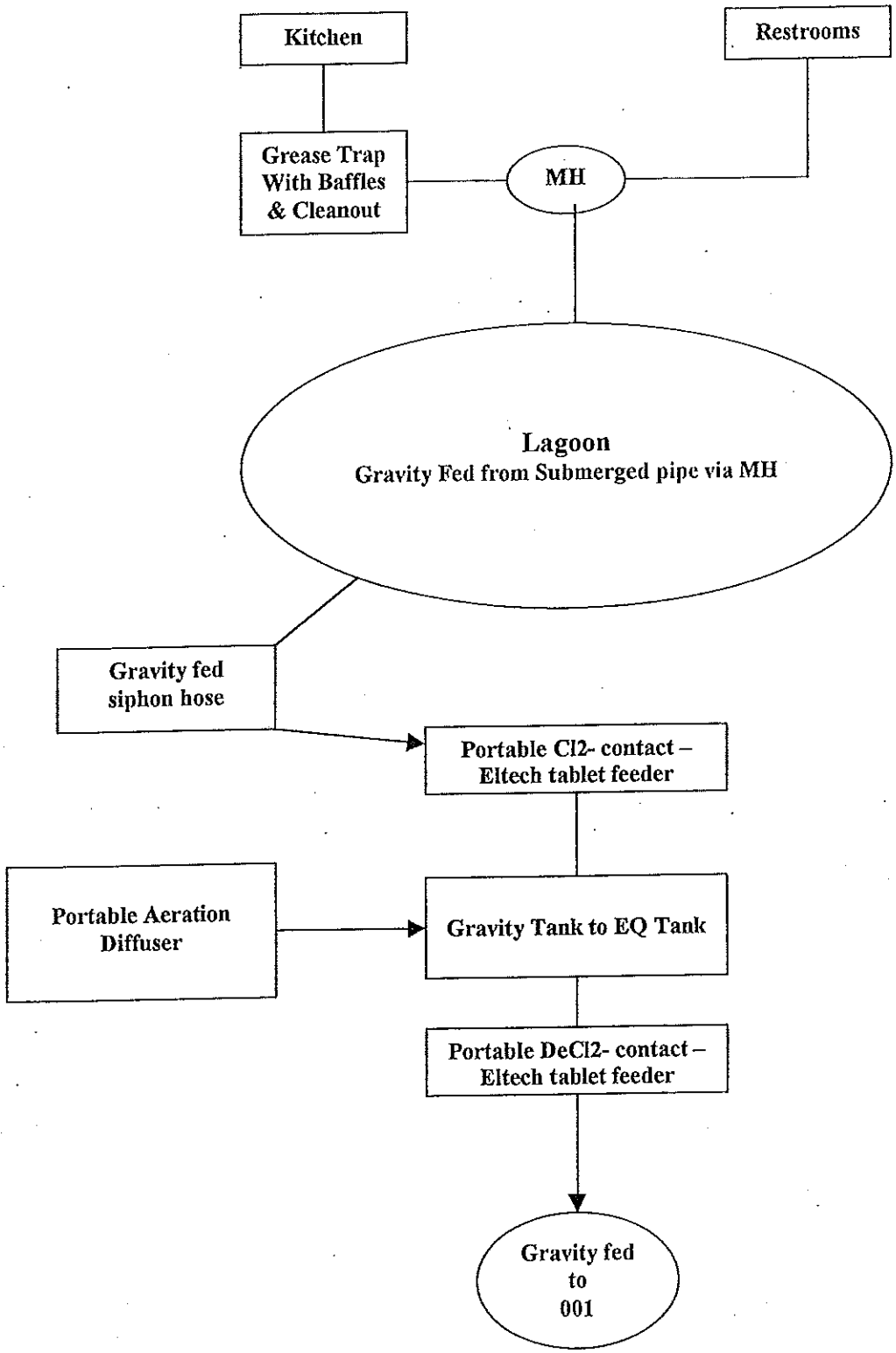
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)
___Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
___Section C (Land Application of Bulk Sewage Sludge)
___Section D (Surface Disposal)

South of Dan E.S. – VAOO22691



South of Dan Elementary School
VPDES PERMIT NUMBER: VA0022691

Section A Item 6

Annual Maintenance – Annual Maintenance consists of removal of septage from grease trap during the month of August prior to new session of school beginning. The septage is transported to the South Boston Sewage Plant for disposal. The following is information in regard to tranporter and disposal.

Contractor Information:

Name:	Rickey's Septic Tank Service
Address:	427 Williamson Road Danville, VA 24540
Contact Person:	Rickey Berkley
Phone Number:	(434) 797-9835
Disposal Permit #	08 (South Boston Sewage Plant)

Disposal Site Information:

Name:	South Boston Sewage Plant
Address:	Post Office Box 417 South Boston, VA 24592
Contact Person:	Carroll Anderson
Phone Number:	(434) 575-4267
Permit #	VA0020362

SOUTH OF DAN ELEMENTARY SCHOOL VA0022691

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** HALIFAX COUNTY PUBLIC SCHOOLS
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y /(N)
   Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 07-1MM224-1268A

4. **For the facility to be covered by this permit, will one or more acres be disturbed during the next five years due to new construction activities?** Y /(N)

5. ALL FACILITIES: **What is the design average flow of this facility?** 0.0084 MGD
   Industrial facilities: **What is the max. 30-day avg. production level (include units)?** N/A

   In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y /(N)

   If AYes≡, please specify the other flow tiers (in MGD) or production levels:
   N/A
   Please consider: Is your facility=s design flow considerably greater than your current flow? Do you plan to expand operations during the next five years? FACILITY DESIGN FLOW CONSIDERABLY GREATER THAN CURRENT FLOW. THERE ARE NO PLANS TO EXPAND OPERATIONS DURING THE NEXT FIVE YEARS.

6. **Nature of operations generating wastewater:**
   EDUCATIONAL FACILITY

   100 % of flow from domestic connections/sources
   Number of private residences to be served by the wastewater treatment facilities: __ 0 __ 1-49 __ 50 or more

   0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** __Continuous X Intermittent X Seasonal
   Describe frequency and duration of intermittent or seasonal discharges: NORMALLY DISCHARGE IN SPRING IF LAGOON LEVEL GETS TOO HIGH. LAST DISCHARGE MARCH 1998.

8. **Identify the characteristics of the receiving stream at the point just above the facility=s discharge point:**
   __ Permanent stream, never dry
   __ Intermittent stream, usually flowing, sometimes dry
   __ Ephemeral stream, wet-weather flow, often dry
   X Effluent-dependent stream, usually or always dry
   __ Lake or pond at or below the discharge point
   __ Other:

9. **Approval Date(s):**
   O & M Manual DECEMBER 2002 **Sludge/Solids Management Plan** N/A

   Have there been any changes in your operations or procedures since the above approval dates? Y /(N)

SOUTH OF DAN ELEMENTARY SCHOOL VA0022691

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: HALIFAX COUNTY PUBLIC SCHOOLS
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

   X a. Existing discharge
   ____ b. Proposed discharge
   ____ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? Y / (N)

2. What is the tax map parcel number for the land where this facility is located? 07-1MM224-12684

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

4. What is the total acreage of the property on which the treatment plant is located? 13.65

5. Give the minimum elevation of the treatment plant site. N/A feet

6. Flood elevations of the treatment plant site:

   25 year flood N/A feet
   100 year flood N/A feet

7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:

   a. Treatment Plant
   b. Discharge Point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      i. Residence 120 FT
      ii. Distribution line for potable water supply 400 FT
      iii. Reservoir, well, or other source of water supply 140 FT
      iv. Recreational area 250 FT

SOUTH OF DAN ELEMENTARY SCHOOL VA0022691

f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
   i. Downstream community N/A
   ii. Upstream and downstream water intake points N/A
   iii. Shellfishing waters N/A
   iv. Wetlands area N/A
   v. Downstream impoundment N/A
   vi. Downstream recreational area N/A

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, to the back of this application, attach a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

TREATMENT PROCESS INCLUDES A GREASE TRAP AND LAGOON. DISCHARGE IS BY A GRAVITY FED SIPHON WITH CHLORINATION, DECHLORINATION AND AERATION BY PORTABLE EQUIPMENT. THE LAGOON HAS NOT BEEN DISCHARGED SINCE MARCH 1998.

2. What is the design average flow of this facility? 0.0084 MGD
   Industrial facilities:
   What is the max. 300-day avg. production levels (include units)? N/A

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)

   If "Yes," please specify the other flow ties (in MGD) or production levels: N/A
   Please consider: Is you facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: EDUCATIONAL FACILITY

   100 % of flow from domestic connections/sources

   Number of private residences to be served by the wastewater treatment facilities:
   X 0 ____ 1-49 ____ 50 or more

   0 % of flow from non-domestic connections/sources

5. Mode of discharge: ____ Continuous X Intermittent X Seasonal
   Describe frequency and duration of intermittent or seasonal discharges: NORMALLY DISCHARGE IN SPRING IF LAGOON LEVEL GETS TOO HIGH. LAST DISCHARGE MARCH 1998.

SOUTH OF DAN ELEMENTARY SCHOOL VA0022691

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

_____ Permanent stream, never dry
_____ Intermittent stream, usually flowing, sometimes dry
_____ Ephemeral stream, wet-weather flow, often dry
__X__ Effluent-dependent stream, usually or always dry
_____ Lake or pond at or below the discharge point
_____ Other: _____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed/Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: N/A MGD

Anticipated Date of Construction Completion: N/A Month/Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities

Are the wastewater treatment facilities interim? (Designed for a useful life of less than 5 years) Y / (N)

If "Yes," provide the estimated date to be discontinued (month,year) N/A, and the name and location of the intended replacement facility.

_____

F. List of Materials Stored at Facility (i.e, chemicals, petroleum products)

Material	Amount (monthly avg)	Stored Location
NO CHEMICALS, PETROLEUM OR OTHER MATERIALS STORED AT SITE.		